

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 1649)						SEARCH DATE	753446	SEARCH DATE	1-3-01
						SEARCHED		SEARCHED	
						INDEXED		INDEXED	
CLAIMS									
	AS FILED	AFTER EXAMINATION	AS FILED	AFTER EXAMINATION	AS FILED	SEARCHED	OCC.	SEARCHED	OCC.
	KKO.	OOF.	KKO.	OOF.	KKO.	OOF.	OOF.	KKO.	OOF.
1	1					61			
2						62			
3						63			
4						64			
5						65			
6						66			
7						67			
8						68			
9						69			
10						70			
11						71			
12						72			
13						73			
14						74			
15						75			
16						76			
17						77			
18						78			
19						79			
20						80			
21						81			
22						82			
23						83			
24						84			
25						85			
26						86			
27						87			
28						88			
29						89			
30						90			
31						91			
32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41									
42									
43									
44									
45									
46									
47									
48									
49									

3/9/12